· 1	MISS	OUR	i Di	VIS	ION OF HEA	LTH — ŞTAND	ARD CE	RTIFICATE C	F DEATH	00	50988			
DO NOT WRITE	! ,	AMENDI	ED		gistration District No	318Prim	nary Registration	Diatrica N1003	Registrar's N	13/6		E FILE NU	MBER	
ON THIS STUB		1 1		_	PLACE OF DEATH	. 0 1304					eased lived. If Ir	stitution:		
VS 300 Rev. 4/59	AMENDED			l —	a. COUNTY	TO ALL L				<u>ио.</u> В. С.	SUNTY ST.L	2015		
KCV. 4/ 37		l I			OR	porate limits, give TOWN!	SHIP only)	Length of stay in 1b	c. CITY OR TOWN		5		Inside	
1	\{	1		_	J.,	トロルド)		Inside Limits	d. STREET		Cutside, give loce		Yes 🗆	
2 400) ×			_	HOSPITAL OR	t. huke's		Yes X No 🗆	ADDRESS	O.	-00DSO	-	Reside (
3	▝┝		H	- 3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	,	Year
 	-			ŀ	(Type or print)	Robert		$\mathcal{D}_{\mathbf{e}}$	enny	OF DEATH	December	v 31	. 19	163
4 ()				5.	SEX	6. COLOR OR RACE	7. Married		8. DATE OF BIRT	H 9. AGE (last		RIYEAR		ER 24 HR
5 ()	7			i	MAIL	white	Widowed [☐ Divarced ☐	12/31/67	3	Months	Days	Hours	Min.
	-			10	. USUAL OCCUPATION	Give kind of work done	105. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	E (City and state or	country) 12. CI	TIZEN OF	WHAT CO	UNTRY
6	_ ≩				during most of working	g life, even if retired)	[St. howi	S, Misso	uvi Lun	ited	5+A-	es
7 /)	191			134	. FATHER'S NAME		13b. M	OTHER'S MAIDEN NAM	AE .		IAME OF HUSBAND	OR WIFE		
	-[륜]	1		Eu	gene Albert	Denny	Gr	Ace Elizab	eth Maa	tin _				
8 2	- Ş			15.	WAS DECEASED EVER	IN U.S. ARMED FORCES? yes, give war or dates of	16. \$0	OCIAL SECURITY NO.	17. INFORMANT		Address			
9	[]	l			No				Mother	2:	139 Wood			
10	⊣ ₹		Þ	ī	18. CAUSE OF DEATH PART J.	(Enter only one cause per DEATH WAS CAUSED BY:	line tor terr torr	one let	•			IN O	TERVAL B NSET AND	ETÝYEEN REATH
			ME			IMMEDIATE CAUSE (a)	•	meteri	<u> </u>			l_		
11	OO		Z						7			_ [
12 8/-0	HIS REC		8			ns, if any,) DUE TO (b	o)		<u></u>			·		
	SE IS				above c	ve rise to ause (a),	≺.			76	15			
_13	上戸	 	⊣ 1			he under- luse last.) DUE TO (4	c)			~	,, ,,			
7	Z			중	PART II.	OTHER SIGNIFICANT C		NTRIBUTING TO DEAT	TH but not related	to the terminal	PART III. If	eceased a pregna	was fen	nale was
8,	/ ≌			Ĭ	Portent 6:	disease condition given		- Per 1		/				Unknown
	AMENDMENT			CERTIFICAT		20a. ACCIDENT SUICID	E HOMICIDE	20h DESCRIBE HO	W INJURY OCCURR	ED. (Enter gature o	1 , –			
	8				PERFORMED?	201. ACCIDENT 30.CID		100. DESCRIBE NO	W INSORT OCCURR	es. (cinei natoro e	injury in Francis	, , , , , , , , , , , , , , , , , , ,	Or mean,	0.,
_					20c. TIME OF Hour	Month, Day, Year		_l			 			
J Z	₹			EDICAL	INJURY s.m.	Mainin, Day, Tear						J		
RIBBON			1	Σ	20d. INJURY OCCURRE		OF INJURY (e.g.	., in or about home,	20f. CITY, TOWN,	OR LOCATION	COUN	TY		STATE
		1	ŀ	1	WHILE AT WORK	☐ farm, f	actory, street, of		2011 2011, 121111,		-			
USE BLACK OR TYPEWRITER R	2		ľ		NOT WHILE AT I	4)	3/-/- 3	·	2/12	har		-24	-6 3	,
ãoĔ	READ			Ιi	21. I attended the dec	eased from	<u>رری – از</u> سد د دور:	, 10		and last saw him a		2/		
_ <u>_</u> ≥	≘				Death occurred at	$ \rho$	0.75	m on th	ne date stated above	, and to the best o	of my knowledge,	rom the c		
USE PEW	SHOULD		Ö		226. SIGNATURE	(Deg	ree or title)	. 0	22b. ADDRESS	N. I	0 (L			TE SIGNED
≱	s		-	l	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/ au	176	N.D	/// (unea	<i>34</i>			634
	1 1	\vdash	 AFFIDAVIT	234	. BURIAL CREMATION, REMOVAL (Specify)	23b. QATE		OF CEMETERY OR CRI		I _	(City, town, or cou	inty)	(State	* }
	Š		E		<u> </u>	1-31-641	/ An	atomical Bo		St. Louis	STRAR'S SIGNATUR			
	8		Υ×		FUNERAL DIRECTOR	AUGAL BOARD, I	NESS C		TE RECD. BY LOCAL	. 1 .	SIRMES SIGNATUR	الد . "		11
•	\ =		8	l <u>.</u>	-NO. ANATON	THORE BURRUL			N 9 198		oal Sw	uh	- 77.	<i>Q.</i> _
					-		{Lice	insed Embalmer's States	ment on Reverse Sid	e)				

STATEMENT BY LICENSED EMBALMER

or by	eby certify that the bo		-	1	. \	Student Emb	
vorking unde	er my personal superv	ision.	;	,	- - - <u>-</u> -	•	
tudent	Signature of Student	Embalmer '		Signed	1 2 2	•	· · · · · · · · · · · · · · · · · · ·
						Licensed Embalme	er No
		, ,	· · ·	•		P. O. Address	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If this body is not embalmed, fact should be so stated above.